* Copy & return before sending *

Oregon State Bar

Oregon State Bar
Complaint Form

Return completed form to:
Oregon State Bar
Client Assistance Office
PO Box 231935
Tigard, OR 97281-1935

or **email to CAO@osbar.org**

GENERAL INSTRUCTIONS

- Fill out this form to the best of your ability by printing or typing and return it in an envelope to: **Oregon State Bar, Client Assistance Office, P.O. Box 231935, Tigard, Oregon 97281-1935 Telephone: (503) 620-0222, Toll Free in Oregon: (800) 452-8260**
- You can also complete your form online and send it via email: Simply access the pdf form at **www.osbar.org/_docs/discipline/ComplaintForm.pdf.** You can complete the form online, print and/or save a copy for your record and email the completed form to **CAO@osbar.org**.
- Read information on the OSB Client Assistance Office, available here: **www.osbar.org/cao** Valuable time can be saved if you understand how the bar functions.
- No particular form is required. This form is provided for your convenience.
- Do not use highlighters on this form. Do not write on the back of any pages. - Sorry (take pic instead of scan)
- Please note that all materials received by the bar are considered public record. A copy of your complaint will be provided to the attorney and a copy retained by the bar in accordance with current OSB records retention policy. Retained records are available for public inspection through the OSB

Name and Address of **COMPLAINANT**

Today's Date: Aug. 6th, 2017 (8/6/2017)

Name: Mr. ⊗ Ms. ○ Spencer Joseph Barrett

Address: PO Box 788, Corvallis OR 97339 &/or 3833 NW Boxwood Drive

City/State/Zip: Corvallis / Oregon / 97330

Primary Telephone: 602-296-9376 **Secondary Telephone:** ~~7860~~ 541-760-2183

Name and Address of **ATTORNEY**

Name: Mr. ⊗ Ms. ○ David Corden

Address:

City/State/Zip: Corvallis / Oregon / 97330

Primary Telephone: 602-296-9376 **Secondary Telephone:** 541-760-2183

WHAT IS YOUR COMPLAINT?

Please be as specific yet concise as possible and remember to specify **what** your complaint is, **when** it happened, **where** the incident occurred, **why** you went to the attorney and any other factors you can think of which are relevant to your complaint. Use additional sheets of paper if you wish and attach them to this form.

(1) Civil Rights have been denied to me (2) I have been subject to abuse (3) I have been harassed (4) I have been denied privileges specified in the 'Benton County Jail Inmate Handbook'.

- Denied Medical Services • Denied professional / attorney assistance / communication • Subject to 66 $ hrs. Solitary / LOCKDOWN'